

Letter #3

*Appeal Acknowledgement Letter (On Regional Contractor letterhead)*

If you have trouble reading this notice because the letters are too small or the words are hard to read, please call our office at XXX-XXX-XXXX and someone will assist you.

Si usted tiene dificultades leyendo este aviso porque las letras son demasiado pequeñas o las palabras son muy difícil para leer, favor de llamarnos al xxxxxx y alguien le asistirá.

XXX-XXX-XXXX or (800) XXX-XXXX

Date

*(Name of person filing the appeal)*

Address

City, State, Zip

RE: *(CRS Member # & AHCCCS # if applicable)*

Dear *(Name)*:

We have received your appeal and will consider it. A written response will be sent to you within 30 days.

Thank you for contacting us about this issue. The quality of health care of all of our members is important to us. You can call XXXXXXXX, at (602) 000-0000 if you have any questions.

Sincerely,

*Name and credentials Title*

Cc:

XXXX